Minutes
February 22, 2017
2:00PM – 4:00PM
Community Health Institute, 2nd Floor Conference Room

Attendees:

In-Person: Gary Kaufman, Eileen Mullen-Kennedy, Tricia Tilley, Rekha Sreedhara, Ann Collins, Monica Edgar, David Laflamme, Julie Bosak, Becky Ewing, Susan Latham, Felicity Bernard

Via Phone: Abigail Rogers, Linda Parker, Victoria Flanagan, Bonny Whalen

Approval of January Minutes:

- January minutes were accepted and approved.

Update on Developing Safe Plans of Care

- The team is working on last draft. It will be beta tested with several hospitals.
- There have been some questions around "What triggers the safe plan of care?" and additional discussion is needed to operationalize the safe plans.
- It was suggested to include on letterhead and include contact information.
  - DCYF indicated that they will include their brochure with the letter.
  - Daisy Goodman has shared an edit for the cover letter via e-mail. Becky will forward this edit to Eileen.
- Vermont intends have a safe plan of care for every child – the Safe Plan of Care group will watch to see how this manifests and will plan to review if it is developed.
- There was a question on if the plans can focus only on babies who were opioid exposed because State's may have the ability to narrow down populations.
  - The group is waiting for clarifications from the Feds on this.
- The team hopes to share the final version of the plan at the next Task Force meeting.

Governor's Commission Planning Process

- The Task Force completed Steps 1 and 2 of the planning process, reviewing data sources and making observations and moved onto Step 3.
  - The Task Force discussed observations as a result of reviewing a number of data sources and the barriers and recommendations the observations relate to (see Barriers and Recommendations Document).
  - In the Maternal Mortality Report, it would be interesting to know which risk factors correlate with the accidental overdoses, and whether those women were in treatment vs. seeking treatment. It is difficult to draw conclusions from this dataset because the sample size is so small. Gary will review NNEPQIN records to further explore maternal mortality cases for information.
  - Rekha asked about using naloxone in a pregnant woman – the Task Force shared that the mother can receive naloxone. It is best to take care of mother first. Last month in Springfield, MA a pregnant woman died of overdose and fetus died as well. Details of this overdose are not known (e.g. if naloxone was administered, care received, etc).

        - There was an additional discussion about using naloxone on a newborn, it is no longer recommended.
    - Task Force members questioned data trends reported in the YAS and YRBS data reports. It can be difficult to examine these sources because for example the YRBS is only high school students.
        - It was discussed that perhaps risky behaviors are increasing among 18-21 year olds and decreasing among high school students. Perhaps there are protective factors in high school and higher risk after leaving.
    - The Task Force noticed a common theme of training needed/recommended? (for marijuana, MI, screening, etc.).
    - The group discussed possible Policy ideas
        - Having adequate childcare subsidies available – potentially following Horizon's Model?
        - Family support and in home visiting to keep families together.
    - There was a discussion regarding prior authorizations as a barrier to treatment.
        - Even when women are pregnant they're not getting their Medicaid services as quickly.
            - Presumptive eligibility doesn't work at the pharmacy.
        - Is it possible to make the insurance industry (Medicaid) more responsible?
        - Is it possible to not have prior authorization for women who are pregnant? It would increase access.
            - Are there unintended consequences?
            - How would the record change to reflect pregnancy to implement this?
                - On a pharmacy claim there is no section for pregnancy.
        - Is it possible to remove prior authorization for buprenorphine, at least for the first 30 days?
            - Prior authorization has been removed for the preferred agent of suboxone as long as it's under 16 milligrams a day.
            - Generic suboxone still need a prior authorization.
        - Are there birth controls that don't require prior authorization?
            - There is not a prior authorization in fee for service, would have to check on MCOs.
    - Task Force members suggested having LARCs insertions paid for beyond the standard package.
    - It was requested to allow accessibility to Plan B without a prescription, the Task Force shared that that is already available.
    - It was suggested that SBIRT be used as a trigger for One Key Question – should both questions be asked at the same time?
- The Task Force discussed the following themes:
    - Provider Education/Consistent Messaging/115 Waiver embedded into primary care
    - Family Support
        - Home Visiting
        - DCYF
    - Preconception Care
        - Delivery of Care (Structure)
        - Education (Care itself/education)
    - Birth
    - Access to Care

- Workforce issue
- Family Planning
  - One Key Question
  - Contraception

- The themes were narrowed down to the following. They were decided to be the Task Force's final themes moving forward.
  - **Education**
    - Provider and public
  - **Family Support**
    - Access to Recovery Supports
  - **Family Planning**
    - Pre conception care
  - **Coordinated and Timely Access to treatment**
  - **Workforce Development**
- Next Steps: Rekha will organize all recommendations discussed by themes identified within the state plan template. This information will be shared with Task Force members before the March meeting for edits and additional recommendations. Members are requested to submit feedback a week prior to the meeting. The task force members will engage in a prioritization exercise to identify strategies of priority.

Next Meeting:

Wednesday, March 22, 2016 – 2:00PM-4:00PM
Community Health Institute, 501 South Street, Bow, NH 03304

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